



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

19 STANIFORD STREET • 2ND FLOOR, BOSTON, MA 02114
PHONE: 617-626-6960 • FAX: 617-626-6965 • www.mass.gov/dols

DELEADER SUPERVISOR APPLICATION

(In accordance with the provisions of M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

- ☐ Initial Application
☐ Renewal Application
☐ Duplicate Application/Issue

License # _____
Date _____
Reviewer _____

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

Section I: APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____
Residence (Street) _____ Tel # _____
City/Town _____ State _____ Zip _____
Email Address _____
Mailing Address (if different from above) _____
City/Town _____ State _____ Zip _____
Employer _____

Section II: ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION

- Original lead training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(c), and/or 454 CMR 22.08(4)(f).
Original training certificates will be returned after review of the application.
- For an initial application, proof that the applicant has successfully passed the DLS Third Party Exam.
- A form of photo identification acceptable to DLS that positively establishes the identity and age of the applicant.
- A signed physician's statement, as set forth at 454 CMR 22.09(4)(f).
- The results of all blood lead and zpp monitoring conducted on the applicant in the three-month period prior to application, including at least one blood lead and one zpp result.
- A money order or certified bank check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee of \$150.00 for initial or renewal license, or \$45.00 for a duplicate license.** If the Director denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.15, the payment is not refundable.

Section III: PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do hereby certify, that I have complied with all laws of the Commonwealth
(PRINT NAME)

relating to taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)), that I have read and understand the Commonwealth of Massachusetts Deleading and Lead-Safe Renovation Regulations, 454 CMR 22.00.

I further state that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief, and I understand that any false answer(s) will be considered just cause for denial of application or revocation of license. I further understand that information contained within this application can and will be verified using resources available to DLS.

Signed under the penalties of perjury,

SIGNATURE _____ DATE _____

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DLS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE: 9am to 3pm	19 Staniford Street, 2nd Floor, Boston, MA 02114 617-626-6960
TUESDAY - WALK IN SERVICE: 9am to 3pm	165 Liberty Street, Springfield, MA 01102 413-781-2676
WEDNESDAY - WALK IN SERVICE: 9am to 3pm	4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797
THURSDAY - WALK IN SERVICE: 9am to 3pm	1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St.] 508-984-7718
FRIDAY - WALK IN SERVICE: 9am to 3pm	167 Lyman Street, Westborough, MA 01581 508-616-0461